



00862.022319

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: )  
Ken MATSUMOTO ) : Examiner: L. Caputo  
Application No.: 09/920,752 ) : Group Art Unit: 2876  
Filed: August 3, 2001 ) :  
For: SUBSTRATE TRANSFER APPARATUS, ) January 6, 2004  
SEMICONDUCTOR MANUFACTURING )  
APPARATUS, AND SEMICONDUCTOR )  
DEVICE MANUFACTURING METHOD :

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

AMENDMENT

Sir:

In response to the Official Action dated October 6, 2003, please amend the above-identified application as follows:

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JAN - 9 2004  
TECHNOLOGY CENTER 2800

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Ken MATSUMOTO

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For: SUBSTRATE TRANSFER APPARATUS,  
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) January 6, 2004  
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Commissioner for Patents  
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Alexandria, VA 22313-1450

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TECHNOLOGY CENTER 2800

Sir:

Transmitted herewith is an Amendment in the above-identified application.

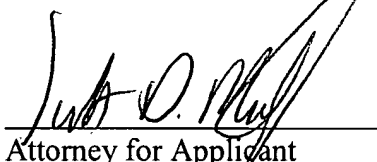
☒ No additional fee is required.

The fee has been calculated as shown below:

CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	12	MINUS	20	= 0	x \$9 \$18	\$0.00
INDEP. CLAIMS	5	MINUS	5	= 0	x \$43 \$86	\$0.00
Fee for Multiple Dependent claims \$140/\$280						—
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						\$0.00

- ☐ °Verified Statement claiming small entity status is enclosed, if not filed previously.
- ☐ A check in the amount of \$ \_\_\_\_\_ is enclosed including the additional claims fees.
- ☐ Charge \$ \_\_\_\_ to Deposit Account No. 06-1205. A duplicate of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 CFR 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate of this paper is enclosed.
- ☐ A check in the amount of \$ \_\_\_\_ to cover the fee for a \_\_\_\_ month extension is enclosed.
- ☐ A check in the amount of \$ \_\_\_\_ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicant's undersigned attorney may be reached in our Washington, D.C. office by telephone at (202) 530-1010. All correspondence should be directed to our address given below.

Respectfully submitted,

  
\_\_\_\_\_  
Attorney for Applicant  
Scott D. Malpede  
Registration No. 32,533

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SDM/eab

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